

**Retiree Membership Application \* 2007-08 School Year****KTRS Retiree Returning to a KTRS Covered Position****PART I \* RETIREE INFORMATION****Read accompanying instructions before completing.**KTRS Retiree Returning to a KTRS Covered Position (**Do Not Use For Waivers**, use Form 29)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Marital Status: ☐ Single ☐ Married **Member's** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ F ☐ M  
Month Day Year

Spouse's Name \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Member's** Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Be sure all applicable blanks are filled in - This form may be duplicated.  
KTRS' copy must have ORIGINAL SIGNATURE.

**PART II \* BENEFICIARY INFORMATION**

In the event of my death, I direct the Board of Trustees of the Teachers' Retirement System of the State of Kentucky to pay the proceeds of my account to the person or persons named below. If you are married, your spouse must sign below. (**Please do not leave this section blank.**)

**If no Beneficiary, write "Estate" or "None"**

I understand that this designation DOES NOT change the beneficiary designation of any other account from which I am receiving KTRS benefits. \_\_\_\_\_ **Retiree MUST Initial.**

1. \_\_\_\_\_  
Name of Primary or Co-Beneficiary Relation Address  
\_\_\_\_\_  
Beneficiary's Social Security Number City/State/ZIP

2. ☐ **Co-beneficiary** OR ☐ **Contingent Beneficiary** (MUST CHECK ONE & ONLY ONE BOX)

\_\_\_\_\_  
Name of Co or Contingent Beneficiary Relation Address  
\_\_\_\_\_  
Beneficiary's Social Security Number City/State/ZIP

As spouse of this membership applicant, I acknowledge that I am aware of the above Beneficiary Designation as well as any available benefits that I am or am not entitled to receive at the time of the applicant's death.

Signature of Spouse (MUST SIGN If MARRIED)

### PART III \* RETURN TO WORK ELECTION

I am returning to work in the following Program: Must Choose One, (Full-time must be KTRS approved)

<input type="checkbox"/> <b>Part-time Program</b> <ul style="list-style-type: none"><li>• Also used for Substituting</li><li>• Break in service and Daily -Wage Threshold (DWT) required</li><li>• Work less than .70 of the school year</li><li>• See Instructions</li></ul>	<input type="checkbox"/> <b>3% Full-time Program</b> <ul style="list-style-type: none"><li>• Break in service and Daily Wage Threshold required</li><li>• Work .70 or more of the school year</li><li>• See Instructions</li></ul>	<input type="checkbox"/> <b>1% Full-time Program CRITICAL SHORTAGE</b> <ul style="list-style-type: none"><li>• Full-time or Part-time</li><li>• Break in service applies</li><li>• Waiver of DWT</li><li>• Cost to employer is 8.94%</li></ul>
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From which school district/agency did you retire? \_\_\_\_\_

**NOTE: The only mid-year change** permitted is to move into a Waiver position or the Full-time Program. Use Form 29 for Waiver or Form F-1 RET for Full-time.

**You are responsible for meeting your Break in Service and staying within your Daily Wage Threshold if you are working in the Part-time or Full-time Programs. Call KTRS if you have questions.**

### PART IV \* MEMBER'S AFFIDAVIT

I swear or affirm that the statements I have made on this form are true, correct, and complete to the best of my knowledge and that the beneficiary designation is to remain in force until changed by me or changed by marriage or divorce as required in KRS 161.480.

Signature of Member \_\_\_\_\_

**Member's signature must be witnessed by an individual that has personal knowledge of the Member but is not related to the Member by blood or marriage.**

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

**This form is not acceptable if it is incomplete. ALL BLANKS MUST BE COMPLETED.**

### PART V \* EMPLOYER INFORMATION & CERTIFICATION

**\*\*MUST BE COMPLETED BEFORE SENDING TO KTRS\*\***

I certify that the applicant herein named in this application is employed in a Kentucky Teachers' Retirement System covered position, as specified in KRS 161, in the above Program indicated by the employee, in the following way:

☐ **Contractual**      ☐ **NON-Contractual**

☐ **Check this box if ... This Full-time/Part-time retired employee is to be included in the 1% that is exempt from a Daily Wage Threshold (DWT) and as the employer, we will remit the additional 8.94% to KTRS on Form R-1.**

If employee is eligible for your State Health Insurance, this Health Insurance will be effective \_\_\_\_\_ 1st, 20\_\_\_\_

Title or Position: \_\_\_\_\_

Full year service credit = 185 days \_\_\_\_\_

*Only change if more than 185*

Employment began /first day worked \_\_\_\_\_

Daily Rate of Pay (Only Daily rate) \_\_\_\_\_

District/Agency \_\_\_\_\_

Signature of System/ Agency Designee, also print your name

Designee Phone Number \_\_\_\_\_

Date of Signature \_\_\_\_\_

#### FOR KTRS USE ONLY

\_\_\_\_ Critical Shortage  
\_\_\_\_ Part-Time/Substitute  
\_\_\_\_ Full-Time

Break in Service  
from last day of \_\_\_\_\_ Met  
pre-retirement service \_\_\_\_\_ Not Met

DWT \$ \_\_\_\_\_  
Daily Wage Threshold  
Retirement Date \_\_\_\_\_

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**INSTRUCTIONS for 2007-2008  
(only this form will be accepted)**

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*For Completing the*

**RETIREE MEMBERSHIP APPLICATION  
KTRS Retiree Returning to a KTRS Covered Position**

*It is important that you carefully read the instructions before completion of this form.  
(For questions concerning this form, please call KTRS.)*

**PART I \* RETIREE INFORMATION**

Use your full name, not initials. The name provided should be the same as the name used by your employer. Dates of birth should be numerically listed (08/10/1975). Address should be a permanent address. Any **future change** of name or address must be in **writing** to KTRS.

**PART I \* BENEFICIARY DESIGNATION**

For more than one beneficiary indicate Co-beneficiary or Contingent beneficiary. **Naming a second beneficiary is optional.** Check to assure accuracy of social security numbers. Your application must be received by KTRS before any beneficiary designation is in effect.

**\* PART III \* RETURN TO WORK ELECTION**

Please answer questions as indicated. *\*Please note that **Substitutes** are in the Part-time Program.*

**THE NUMBER OF DAYS THAT MAY BE WORKED IN PART-TIME OR SUBSTITUTE  
POSITIONS WILL BE PRORATED DURING THE INITIAL YEAR OF RETIREMENT FOR  
PERSONS RETIRING AFTER JULY 1 OF ANY YEAR.**

**\* PART IV \* MEMBER'S AFFIDAVIT**

The member and witness signatures on the form are required before the account is established. After completion of Parts I through IV, **return this form to your employer for completion.**

**\* PART V \* TO BE COMPLETED BY EMPLOYER**

**EMPLOYER INFORMATION & VERIFICATION**

Mail the application to KTRS within ten (10) days of the **member's first service** covered by this application. **Do not mail an application until the retiree has worked their first day.**  
**Show the 1st date worked in part 5. Full year must be 185 or more.** (Any questions, call KTRS.)

**CONTRACTUAL**

You have hired the retiree for a  
certain number of days or hours  
in the school year.

**NON-CONTRACTUAL**

You have hired the retiree  
to come when called to  
perform a job.